02/20/08   **MEDICARE CURRENT BENEFICIARY SURVEY**   RIC: **A**
ACCESS   Administrative Identification   Page: 1
2006   Version: 1

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Variable  Col Len Format   Frequency ComQues# FacQues#  Variable Type & Label
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This file contains information about the sample person from administrative records maintained by the Centers for Medicare and Medicaid Services. It contains basic demographic information (date of birth and gender), insurance information (Medicare entitlement, Medicaid eligibility, HMO enrollment), and summarizes the sample person's Medicare utilization for the calendar year. There is one record for each person who completed an interview.

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RIC       1  2                                 C Record Identification Code

VERSION   3  1                                 C Version Number

BASEID    4  8  $BSIDFMT                        C Unique SP Identification Number

                         15,770        LOW-HIGH BASEID Count

H_DOB    12  8  $DTE8FMT                        C Date of birth

                         15,770                Date as YYYYMMDD

H_DOD    20  8  $DTE8FMT                        C Date of death

                         15,638                Missing
                            132                Date as YYYYMMDD

H_DODSRC 28  2  $SRCFMT                         C Source of date of death

                         15,638                No date of death
                              0                01 From Medicare bill
                              0                03 Clerical entry
                              0                05 Bill and clerical entry
                             73                10 Proven Medicare Benefits record
                             13                11 Proven Medicare Benefits record & bills
                             37                20 Unproven Medicare Benefits record
                              9                21 Unproven Mcare Benefits record & bills
                              0                23 Unproven Mcare Benefits rec & clerical
                              0                25 Unproven Mcare Benefits rec, bill & cler

H_SEX    30  1  $SEXFMT                         C Sex code

                          6,984                1 Male
                          8,786                2 Female

H_RACE   31  1  $RACEFMT                        C Race code

                             27                0 Unknown
                         13,315                1 White
                          1,624                2 Black
                            165                3 Other
                            190                4 Asian
                            367                5 Hispanic
                             82                6 North American Native

H_AGE    32  3  AGEFMT                          N SP age based on CMS date of birth

                         15,770                Age in years
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Variable  Col Len Format   Frequency ComQues# FacQues# Variable Type & Label
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D_STRAT   35   1  $AGEFMT                              C MCBS Sample age stratum

                             1,410                     1  0-44
                             1,374                     2 45-64
                             2,619                     3 65-69
                             2,679                     4 70-74
                             2,571                     5 75-79
                             2,620                     6 80-84
                             2,497                     7 85 +

H_ENT01   36   1  $ENTFMT                              C Medicare entitlement code for Jan

                               690                     A Part A Medicare only
                                87                     B Part B Medicare only
                            14,993                     C Parts A and B Medicare
                                 0                     N No Medicare entitlement

H_ENT02   37   1  $ENTFMT                              C Medicare entitlement code for Feb

                               684                     A Part A Medicare only
                                86                     B Part B Medicare only
                            15,000                     C Parts A and B Medicare
                                 0                     N No Medicare entitlement

H_ENT03   38   1  $ENTFMT                              C Medicare entitlement code for Mar

                               674                     A Part A Medicare only
                                85                     B Part B Medicare only
                            15,009                     C Parts A and B Medicare
                                 2                     N No Medicare entitlement

H_ENT04   39   1  $ENTFMT                              C Medicare entitlement code for Apr

                               667                     A Part A Medicare only
                                84                     B Part B Medicare only
                            15,017                     C Parts A and B Medicare
                                 2                     N No Medicare entitlement

H_ENT05   40   1  $ENTFMT                              C Medicare entitlement code for May

                               660                     A Part A Medicare only
                                83                     B Part B Medicare only
                            15,025                     C Parts A and B Medicare
                                 2                     N No Medicare entitlement

H_ENT06   41   1  $ENTFMT                              C Medicare entitlement code for Jun

                               657                     A Part A Medicare only
                                83                     B Part B Medicare only
                            15,028                     C Parts A and B Medicare
                                 2                     N No Medicare entitlement

H_ENT07   42   1  $ENTFMT                              C Medicare entitlement code for Jul

                               616                     A Part A Medicare only
                                82                     B Part B Medicare only
                            15,069                     C Parts A and B Medicare
                                 3                     N No Medicare entitlement
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Variable  Col Len Format    Frequency ComQues# FacQues#  Variable Type & Label
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H_ENT08   43  1  $ENTFMT                                 C Medicare entitlement code for Aug

                               614                        A Part A Medicare only
                                82                        B Part B Medicare only
                            15,071                        C Parts A and B Medicare
                                 3                        N No Medicare entitlement

H_ENT09   44  1  $ENTFMT                                 C Medicare entitlement code for Sep

                               612                        A Part A Medicare only
                                82                        B Part B Medicare only
                            15,072                        C Parts A and B Medicare
                                 4                        N No Medicare entitlement

H_ENT10   45  1  $ENTFMT                                 C Medicare entitlement code for Oct

                               611                        A Part A Medicare only
                                81                        B Part B Medicare only
                            15,059                        C Parts A and B Medicare
                                19                        N No Medicare entitlement

H_ENT11   46  1  $ENTFMT                                 C Medicare entitlement code for Nov

                               605                        A Part A Medicare only
                                81                        B Part B Medicare only
                            15,042                        C Parts A and B Medicare
                                42                        N No Medicare entitlement

H_ENT12   47  1  $ENTFMT                                 C Medicare entitlement code for Dec

                               603                        A Part A Medicare only
                                79                        B Part B Medicare only
                            15,004                        C Parts A and B Medicare
                                84                        N No Medicare entitlement

H_DOE     48  8  $DTE8FMT                                C Medicare entitlement start date

                            15,770                          Date as YYYYMMDD

H_DOT     56  8  $DTE8FMT                                C Medicare entitlement end date

                            15,748                          Missing
                                22                          Date as YYYYMMDD

H_MEDSTA  64  2  $MSCFMT                                 C Medicare status code as of 12/31

                                14                          Unknown
                            12,902                        10 Aged, no ESRD
                                61                        11 Aged, ESRD
                             2,731                        20 Disabled, no ESRD
                                47                        21 Disabled, ESRD
                                15                        31 ESRD only
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Variable  Col Len Format   Frequency ComQues# FacQues#  Variable Type & Label
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H_LAF      66  2  $LAFFMT                                C Status of SSA check (LAF) as of 12/31

                                  1                         Unknown
                                  0                      AD Cur pay-adj for dual entitlement
                                  0                      AF Transfer to another PC or dio
                                  0                      A9 Cur pay-miscellaneous adjustment
                             15,115                       C Current payment status
                                  0                      DW Deferred-Workers' Compensation
                                  0                      D2 DEF-retirement test
                                  0                      D3 DEF-D2 for primary
                                  9                      D6 DEF-recover overpayment
                                  4                      D9 DEF-miscellaneous reason
                                  0                       J Advanced filing-current pay
                                  0                      L2 Advanced filing-worked inside U S
                                  0                      L3 Advanced filing-insured worked in U S
                                  0                       N Not in pay status
                                  0                      PB Delayed-benefit due but not paid
                                  0                       R Cur pay-Part B reinstated
                                  0                      RN Cur pay-Part B reinstated
                                  0                       S SUSP-deferred retirement
                                  1                      SD SUSP-other
                                  0                      SF SUSP-fails to meet residence requirment
                                 67                      SH SUSP-government pension
                                  1                      SP SUSP-public assistance
                                  0                      SW SUSP-Workers' Compensation
                                  2                      S0 SUSP-continuing disability investig
                                  0                      S2 SUSP-fails retirement test
                                  0                      S3 SUSP-primary account S2
                                  6                      S6 SUSP-check returned for address
                                 36                      S7 SUSP-vocational rehab refusal
                                  3                      S8 SUSP-payee not determined
                                 11                      S9 SUSP-miscellaneous reason
                                  0                      TA TERM-prior to entitlement
                                  0                      TJ TERM-prior to entlmt, not stop debit
                                  0                      TR TERM-claim withdrawn
                                  0                      T0 TERM-benefits paid by another agency
                                103                      T1 TERM-death of beneficiary
                                  0                      T2 TERM-death of primary
                                  2                      T3 TERM-divorce, marriage, remarriage
                                  0                      T4 TERM-dependent child attained age 18
                                  0                      T5 TERM-entitled on another account
                                  0                      T6 TERM-child no longer student, disabled
                                  1                      T8 TERM-recovery from disability
                                  0                      T9 TERM-miscellaneous
                                396                       U Active uninsured status (no SSA check)
                                  0                      XF Transfer to another PC or DIO
                                  0                      XR Terminated -
                                  1                      X1 TERM-death of insured
                                  0                      X5 TERM-entitled to another benefit
                                 11                      X7 TERM of uninsured
                                  0                      X9 TERM miscellaneous
                                  0                      ZZ Erroneous entitlement
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Variable   Col Len Format    Frequency ComQues# FacQues#  Variable Type & Label
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H_RESST    68  2   $STFMT                                 C SSA State code of residence as of 12/31

                                 583                      01 Alabama
                                   0                      02 Alaska
                                 311                      03 Arizona
                                 152                      04 Arkansas
                               1,086                      05 California
                                 137                      06 Colorado
                                 204                      07 Connecticut
                                   3                      08 Delaware
                                  14                      09 Washington, DC
                               1,232                      10 Florida
                                 509                      11 Georgia
                                   0                      12 Hawaii
                                   0                      13 Idaho
                                 517                      14 Illinois
                                  48                      15 Indiana
                                 143                      16 Iowa
                                 148                      17 Kansas
                                 295                      18 Kentucky
                                 160                      19 Louisiana
                                   1                      20 Maine
                                 206                      21 Maryland
                                 284                      22 Massachusetts
                                 849                      23 Michigan
                                 230                      24 Minnesota
                                   1                      25 Mississippi
                                 421                      26 Missouri
                                   0                      27 Montana
                                 147                      28 Nebraska
                                 327                      29 Nevada
                                   1                      30 New Hampshire
                                 453                      31 New Jersey
                                 282                      32 New Mexico
                               1,082                      33 New York
                                 788                      34 North Carolina
                                   0                      35 North Dakota
                                 785                      36 Ohio
                                 139                      37 Oklahoma
                                   3                      38 Oregon
                                 853                      39 Pennsylvania
                                 275                      40 Puerto Rico
                                   0                      41 Rhode Island
                                 137                      42 South Carolina
                                   0                      43 South Dakota
                                 431                      44 Tennessee
                                 965                      45 Texas
                                   3                      46 Utah
                                   0                      47 Vermont
                                   0                      48 Virgin Islands
                                 182                      49 Virginia
                                 609                      50 Washington
                                 209                      51 West Virginia
                                 424                      52 Wisconsin
                                 141                      53 Wyoming

H_RESCTY   70  3   $CTYFMT                                C SSA county code of residence as of 12/31

                              15,770                      County code
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Variable  Col Len Format   Frequency ComQues# FacQues# Variable Type & Label
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H_ZIP      73  5  $ZIPFMT                              C Postal zip code of residence as of 12/31

                           15,770                        ZIP Code

H_CENSUS   78  2  $CENFMT                              C Census Region of residence as of 12/31

                                 0                      ** Unknown
                               490                      01 New England
                             2,388                      02 Middle Atlantic
                             2,623                      03 East North Central
                             1,089                      04 West North Central
                             3,280                      05 South Atlantic
                             1,310                      06 East South Central
                             1,416                      07 West South Central
                             1,201                      08 Mountain
                             1,698                      09 Pacific
                               275                      10 Puerto Rico

H_METRO    80  1  $METFMT                              C Metro status

                             4,140                      N Non-metro area
                                 0                      U Unknown
                            11,630                      Y Metro area

H_HSBEG1   81  8  $DTE8FMT                             C Beginning date of latest hospice period

                            15,414                        Missing
                               356                        Date as YYYYMMDD

H_HSEND1   89  8  $DTE8FMT                             C Ending date of latest hospice period

                            15,414                        Missing
                               356                        Date as YYYYMMDD

H_HSBEG2   97  8  $DTE8FMT                             C Beginning date of 2nd hospice period

                            15,617                        Missing
                               153                        Date as YYYYMMDD

H_HSEND2  105  8  $DTE8FMT                             C Ending date of 2nd hospice period

                            15,617                        Missing
                               153                        Date as YYYYMMDD

H_HSBEG3  113  8  $DTE8FMT                             C Beginning date of 3rd hospice period

                            15,677                        Missing
                                93                        Date as YYYYMMDD

H_HSEND3  121  8  $DTE8FMT                             C Ending date of 3rd hospice period

                            15,677                        Missing
                                93                        Date as YYYYMMDD

H_HSBEG4  129  8  $DTE8FMT                             C Beginning date of 4th hospice period

                            15,698                        Missing
                                72                        Date as YYYYMMDD
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Variable  Col Len Format   Frequency ComQues# FacQues# Variable Type & Label
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H_HSEND4 137  8  $DTE8FMT                               C Ending date of 4th hospice period

                            15,698                        Missing
                                72                        Date as YYYYMMDD

H_ESRBEG 145  8  $DTE8FMT                               C Beginning date of ESRD period

                            15,592                        Missing
                               178                        Date as YYYYMMDD

H_ESREND 153  8  $DTE8FMT                               C Ending date of ESRD period

                            15,705                        Missing
                                65                        Date as YYYYMMDD

H_GHPSW  161  1  $GHPSW                                 C Some group health participation in year

                            12,911                        0 No enrollment
                             2,859                        1 Some enrollment

H_PNUM   162  3                                         N Number of GHPs in bene area in 2006

H_MANUM  165  3                                         N Number of MA plans in bene area in 2006

H_PFSNUM 168  3                                         N Number of PFFS plans in bene area in 200

H_PLTP01 171  2  $PLNFMT                                C GHP plan type for Jan

                            13,393                        No enrollment
                                35                        01 Health care prepayment plan
                                79                        02 Cost HMO
                                 0                        05 Old Risk HMO
                             2,263                        06 Risk HMO
                                 0                        12 Demo Risk HMO
                                 0                        17 Pace Demo plan
                                 0                        18 HCPP

H_PLPY01 173  5                                         N Medicare capitation payment for Jan

H_PLTP02 178  2  $PLNFMT                                C GHP plan type for Feb

                            13,393                        No enrollment
                                35                        01 Health care prepayment plan
                                79                        02 Cost HMO
                                 0                        05 Old Risk HMO
                             2,263                        06 Risk HMO
                                 0                        12 Demo Risk HMO
                                 0                        17 Pace Demo plan
                                 0                        18 HCPP

H_PLPY02 180  5                                         N Medicare capitation payment for Feb

H_PLTP03 185  2  $PLNFMT                                C GHP plan type for Mar

                            13,393                        No enrollment
                                35                        01 Health care prepayment plan
                                79                        02 Cost HMO
                                 0                        05 Old Risk HMO
                             2,263                        06 Risk HMO
                                 0                        12 Demo Risk HMO
                                 0                        17 Pace Demo plan
                                 0                        18 HCPP
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Variable  Col Len Format   Frequency ComQues# FacQues#  Variable Type & Label
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H_PLPY03  187  5                                        N Medicare capitation payment for Mar

H_PLTP04  192  2  $PLNFMT                                C GHP plan type for Apr

                            13,308                          No enrollment
                                35                       01 Health care prepayment plan
                                80                       02 Cost HMO
                                 0                       05 Old Risk HMO
                             2,347                       06 Risk HMO
                                 0                       12 Demo Risk HMO
                                 0                       17 Pace Demo plan
                                 0                       18 HCPP

H_PLPY04  194  5                                        N Medicare capitation payment for Apr

H_PLTP05  199  2  $PLNFMT                                C GHP plan type for May

                            13,257                          No enrollment
                                35                       01 Health care prepayment plan
                                82                       02 Cost HMO
                                 0                       05 Old Risk HMO
                             2,396                       06 Risk HMO
                                 0                       12 Demo Risk HMO
                                 0                       17 Pace Demo plan
                                 0                       18 HCPP

H_PLPY05  201  5                                        N Medicare capitation payment for May

H_PLTP06  206  2  $PLNFMT                                C GHP plan type for Jun

                            13,185                          No enrollment
                                34                       01 Health care prepayment plan
                                81                       02 Cost HMO
                                 0                       05 Old Risk HMO
                             2,470                       06 Risk HMO
                                 0                       12 Demo Risk HMO
                                 0                       17 Pace Demo plan
                                 0                       18 HCPP

H_PLPY06  208  5                                        N Medicare capitation payment for Jun

H_PLTP07  213  2  $PLNFMT                                C GHP plan type for Jul

                            13,140                          No enrollment
                                33                       01 Health care prepayment plan
                                82                       02 Cost HMO
                                 0                       05 Old Risk HMO
                             2,515                       06 Risk HMO
                                 0                       12 Demo Risk HMO
                                 0                       17 Pace Demo plan
                                 0                       18 HCPP

H_PLPY07  215  5                                        N Medicare capitation payment for Jul
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Variable  Col Len Format   Frequency ComQues# FacQues# Variable Type & Label
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H_PLTP08  220  2  $PLNFMT                                C GHP plan type for Aug

                               13,081                     No enrollment
                                   33                     01 Health care prepayment plan
                                   76                     02 Cost HMO
                                    0                     05 Old Risk HMO
                                2,580                     06 Risk HMO
                                    0                     12 Demo Risk HMO
                                    0                     17 Pace Demo plan
                                    0                     18 HCPP

H_PLPY08  222  5                                         N Medicare capitation payment for Aug

H_PLTP09  227  2  $PLNFMT                                C GHP plan type for Sep

                               13,044                     No enrollment
                                   34                     01 Health care prepayment plan
                                   83                     02 Cost HMO
                                    0                     05 Old Risk HMO
                                2,609                     06 Risk HMO
                                    0                     12 Demo Risk HMO
                                    0                     17 Pace Demo plan
                                    0                     18 HCPP

H_PLPY09  229  5                                         N Medicare capitation payment for Sep

H_PLTP10  234  2  $PLNFMT                                C GHP plan type for Oct

                               13,042                     No enrollment
                                   34                     01 Health care prepayment plan
                                   82                     02 Cost HMO
                                    0                     05 Old Risk HMO
                                2,612                     06 Risk HMO
                                    0                     12 Demo Risk HMO
                                    0                     17 Pace Demo plan
                                    0                     18 HCPP

H_PLPY10  236  5                                         N Medicare capitation payment for Oct

H_PLTP11  241  2  $PLNFMT                                C GHP plan type for Nov

                               13,039                     No enrollment
                                   34                     01 Health care prepayment plan
                                   82                     02 Cost HMO
                                    0                     05 Old Risk HMO
                                2,615                     06 Risk HMO
                                    0                     12 Demo Risk HMO
                                    0                     17 Pace Demo plan
                                    0                     18 HCPP

H_PLPY11  243  5                                         N Medicare capitation payment for Nov

H_PLTP12  248  2  $PLNFMT                                C GHP plan type for Dec

                               13,031                     No enrollment
                                   34                     01 Health care prepayment plan
                                   81                     02 Cost HMO
                                    0                     05 Old Risk HMO
                                2,624                     06 Risk HMO
                                    0                     12 Demo Risk HMO
                                    0                     17 Pace Demo plan
                                    0                     18 HCPP
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Variable  Col Len Format   Frequency ComQues# FacQues# Variable Type & Label
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H_PLPY12  250 5                                        N Medicare capitation payment for Dec

H_PDTP01  255 1   $DPLNFMT                             C Part D plan type for Jan

                             1                           Unknown
                         9,411                         0 No Part D enrollment
                         2,036                         1 MA-PD plan
                         4,322                         2 PDP

H_PDPY01  256 5                                        N Part D capitation payment for Jan

H_PDLS01  261 1   $DLISFMT                             C LIS Indicator for Jan

                             1                           Unknown
                        11,778                         1 No premium subsidy
                            29                         2 25% premium subsidy
                            37                         3 50% premium subsidy
                            36                         4 75% premium subsidy
                         3,889                         5 100% premium subsidy

H_PDRS01  262 1   $DRDSFMT                             C RDS Indicator for Jan

                             1                           Unknown
                        13,180                         N Employer not subsidized for the benefici
                         2,589                         Y Employer subsidized for the beneficiary

H_PDTP02  263 1   $DPLNFMT                             C Part D plan type for Feb

                             1                           Unknown
                         8,893                         0 No Part D enrollment
                         2,099                         1 MA-PD plan
                         4,777                         2 PDP

H_PDPY02  264 5                                        N Part D capitation payment for Feb

H_PDLS02  269 1   $DLISFMT                             C LIS Indicator for Feb

                             1                           Unknown
                        11,745                         1 No premium subsidy
                            28                         2 25% premium subsidy
                            39                         3 50% premium subsidy
                            36                         4 75% premium subsidy
                         3,921                         5 100% premium subsidy

H_PDRS02  270 1   $DRDSFMT                             C RDS Indicator for Feb

                             1                           Unknown
                        13,180                         N Employer not subsidized for the benefici
                         2,589                         Y Employer subsidized for the beneficiary

H_PDTP03  271 1   $DPLNFMT                             C Part D plan type for Mar

                             1                           Unknown
                         8,597                         0 No Part D enrollment
                         2,149                         1 MA-PD plan
                         5,023                         2 PDP

H_PDPY03  272 5                                        N Part D capitation payment for Mar
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Variable  Col Len Format   Frequency ComQues# FacQues# Variable Type & Label
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H_PDLS03  277  1  $DLISFMT                             C LIS Indicator for Mar

                                 3                       Unknown
                            11,708                     1 No premium subsidy
                                30                     2 25% premium subsidy
                                39                     3 50% premium subsidy
                                40                     4 75% premium subsidy
                             3,950                     5 100% premium subsidy

H_PDRS03  278  1  $DRDSFMT                             C RDS Indicator for Mar

                                 3                       Unknown
                            13,178                     N Employer not subsidized for the benefici
                             2,589                     Y Employer subsidized for the beneficiary

H_PDTP04  279  1  $DPLNFMT                             C Part D plan type for Apr

                                 1                       Unknown
                             8,254                     0 No Part D enrollment
                             2,206                     1 MA-PD plan
                             5,309                     2 PDP

H_PDPY04  280  5                                       N Part D capitation payment for Apr

H_PDLS04  285  1  $DLISFMT                             C LIS Indicator for Apr

                                 3                       Unknown
                            11,676                     1 No premium subsidy
                                31                     2 25% premium subsidy
                                43                     3 50% premium subsidy
                                43                     4 75% premium subsidy
                             3,974                     5 100% premium subsidy

H_PDRS04  286  1  $DRDSFMT                             C RDS Indicator for Apr

                                 3                       Unknown
                            13,178                     N Employer not subsidized for the benefici
                             2,589                     Y Employer subsidized for the beneficiary

H_PDTP05  287  1  $DPLNFMT                             C Part D plan type for May

                                 1                       Unknown
                             7,494                     0 No Part D enrollment
                             2,264                     1 MA-PD plan
                             6,011                     2 PDP

H_PDPY05  288  5                                       N Part D capitation payment for May

H_PDLS05  293  1  $DLISFMT                             C LIS Indicator for May

                                 3                       Unknown
                            11,633                     1 No premium subsidy
                                33                     2 25% premium subsidy
                                45                     3 50% premium subsidy
                                42                     4 75% premium subsidy
                             4,014                     5 100% premium subsidy

H_PDRS05  294  1  $DRDSFMT                             C RDS Indicator for May

                                 3                       Unknown
                            13,178                     N Employer not subsidized for the benefici
                             2,589                     Y Employer subsidized for the beneficiary
```

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Variable   Col Len Format   Frequency ComQues# FacQues#  Variable Type & Label
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H_PDTP06   295  1  $DPLNFMT                               C Part D plan type for Jun

                                  1                         Unknown
                              6,907                         0 No Part D enrollment
                              2,326                         1 MA-PD plan
                              6,536                         2 PDP

H_PDPY06   296  5                                        N Part D capitation payment for Jun

H_PDLS06   301  1  $DLISFMT                               C LIS Indicator for Jun

                                  3                         Unknown
                             11,610                         1 No premium subsidy
                                 33                         2 25% premium subsidy
                                 47                         3 50% premium subsidy
                                 42                         4 75% premium subsidy
                              4,035                         5 100% premium subsidy

H_PDRS06   302  1  $DRDSFMT                               C RDS Indicator for Jun

                                  3                         Unknown
                             13,178                         N Employer not subsidized for the benefici
                              2,589                         Y Employer subsidized for the beneficiary

H_PDTP07   303  1  $DPLNFMT                               C Part D plan type for Jul

                                  1                         Unknown
                              6,880                         0 No Part D enrollment
                              2,355                         1 MA-PD plan
                              6,534                         2 PDP

H_PDPY07   304  5                                        N Part D capitation payment for Jul

H_PDLS07   309  1  $DLISFMT                               C LIS Indicator for Jul

                                  4                         Unknown
                             11,584                         1 No premium subsidy
                                 32                         2 25% premium subsidy
                                 47                         3 50% premium subsidy
                                 42                         4 75% premium subsidy
                              4,061                         5 100% premium subsidy

H_PDRS07   310  1  $DRDSFMT                               C RDS Indicator for Jul

                                  4                         Unknown
                             13,177                         N Employer not subsidized for the benefici
                              2,589                         Y Employer subsidized for the beneficiary

H_PDTP08   311  1  $DPLNFMT                               C Part D plan type for Aug

                                  1                         Unknown
                              6,847                         0 No Part D enrollment
                              2,359                         1 MA-PD plan
                              6,563                         2 PDP

H_PDPY08   312  5                                        N Part D capitation payment for Aug
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Variable  Col Len Format   Frequency ComQues# FacQues#  Variable Type & Label
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H_PDLS08  317  1  $DLISFMT                              C LIS Indicator for Aug

                               4                          Unknown
                          11,570                        1 No premium subsidy
                              32                        2 25% premium subsidy
                              48                        3 50% premium subsidy
                              42                        4 75% premium subsidy
                           4,074                        5 100% premium subsidy

H_PDRS08  318  1  $DRDSFMT                              C RDS Indicator for Aug

                               4                          Unknown
                          13,177                        N Employer not subsidized for the benefici
                           2,589                        Y Employer subsidized for the beneficiary

H_PDTP09  319  1  $DPLNFMT                              C Part D plan type for Sep

                               1                          Unknown
                           6,749                        0 No Part D enrollment
                           2,365                        1 MA-PD plan
                           6,655                        2 PDP

H_PDPY09  320  5                                        N Part D capitation payment for Sep

H_PDLS09  325  1  $DLISFMT                              C LIS Indicator for Sep

                               5                          Unknown
                          11,547                        1 No premium subsidy
                              33                        2 25% premium subsidy
                              49                        3 50% premium subsidy
                              44                        4 75% premium subsidy
                           4,092                        5 100% premium subsidy

H_PDRS09  326  1  $DRDSFMT                              C RDS Indicator for Sep

                               5                          Unknown
                          13,176                        N Employer not subsidized for the benefici
                           2,589                        Y Employer subsidized for the beneficiary

H_PDTP10  327  1  $DPLNFMT                              C Part D plan type for Oct

                               1                          Unknown
                           6,745                        0 No Part D enrollment
                           2,366                        1 MA-PD plan
                           6,658                        2 PDP

H_PDPY10  328  5                                        N Part D capitation payment for Oct

H_PDLS10  333  1  $DLISFMT                              C LIS Indicator for Oct

                              20                          Unknown
                          11,520                        1 No premium subsidy
                              33                        2 25% premium subsidy
                              51                        3 50% premium subsidy
                              45                        4 75% premium subsidy
                           4,101                        5 100% premium subsidy

H_PDRS10  334  1  $DRDSFMT                              C RDS Indicator for Oct

                              20                          Unknown
                          13,161                        N Employer not subsidized for the benefici
                           2,589                        Y Employer subsidized for the beneficiary
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Variable   Col Len Format   Frequency ComQues# FacQues#  Variable Type & Label
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H_PDTP11   335  1  $DPLNFMT                              C Part D plan type for Nov

                            1                              Unknown
                        6,741                            0 No Part D enrollment
                        2,372                            1 MA-PD plan
                        6,656                            2 PDP

H_PDPY11   336  5                                       N Part D capitation payment for Nov

H_PDLS11   341  1  $DLISFMT                              C LIS Indicator for Nov

                           42                              Unknown
                       11,493                            1 No premium subsidy
                           33                            2 25% premium subsidy
                           51                            3 50% premium subsidy
                           45                            4 75% premium subsidy
                        4,106                            5 100% premium subsidy

H_PDRS11   342  1  $DRDSFMT                              C RDS Indicator for Nov

                           42                              Unknown
                       13,139                            N Employer not subsidized for the benefici
                        2,589                            Y Employer subsidized for the beneficiary

H_PDTP12   343  1  $DPLNFMT                              C Part D plan type for Dec

                            1                              Unknown
                        6,773                            0 No Part D enrollment
                        2,366                            1 MA-PD plan
                        6,630                            2 PDP

H_PDPY12   344  5                                       N Part D capitation payment for Dec

H_PDLS12   349  1  $DLISFMT                              C LIS Indicator for Dec

                           83                              Unknown
                       11,457                            1 No premium subsidy
                           34                            2 25% premium subsidy
                           53                            3 50% premium subsidy
                           46                            4 75% premium subsidy
                        4,097                            5 100% premium subsidy

H_PDRS12   350  1  $DRDSFMT                              C RDS Indicator for Dec

                           83                              Unknown
                       13,098                            N Employer not subsidized for the benefici
                        2,589                            Y Employer subsidized for the beneficiary

H_MCSW     351  1  $SWFMT                                C Some Medicaid eligibility for the year

                       12,508                            N No participation
                        3,262                            Y Some participation
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Variable  Col Len Format   Frequency ComQues# FacQues#  Variable Type & Label
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H_MCDE01  352  1  $MCDCFMT                              C Medicaid eligibility for Jan

                                 0                       A State Part A buy-in
                             1,236                       B State Part B buy-in
                                45                       C State Part A and B buy-in
                               116                       D State Part A and B QMB buy-in
                                 0                       E State Part A and B SLMB buy-in
                            12,712                       N No buy-in this month
                             1,342                       Q State Part B QMB buy-in
                               319                       S State Part B SLMB buy-in

H_MCDE02  353  1  $MCDCFMT                              C Medicaid eligibility for Feb

                                 0                       A State Part A buy-in
                             1,236                       B State Part B buy-in
                                45                       C State Part A and B buy-in
                               118                       D State Part A and B QMB buy-in
                                 0                       E State Part A and B SLMB buy-in
                            12,705                       N No buy-in this month
                             1,345                       Q State Part B QMB buy-in
                               321                       S State Part B SLMB buy-in

H_MCDE03  354  1  $MCDCFMT                              C Medicaid eligibility for Mar

                                 0                       A State Part A buy-in
                             1,242                       B State Part B buy-in
                                45                       C State Part A and B buy-in
                               118                       D State Part A and B QMB buy-in
                                 0                       E State Part A and B SLMB buy-in
                            12,688                       N No buy-in this month
                             1,348                       Q State Part B QMB buy-in
                               329                       S State Part B SLMB buy-in

H_MCDE04  355  1  $MCDCFMT                              C Medicaid eligibility for Apr

                                 0                       A State Part A buy-in
                             1,244                       B State Part B buy-in
                                46                       C State Part A and B buy-in
                               118                       D State Part A and B QMB buy-in
                                 0                       E State Part A and B SLMB buy-in
                            12,682                       N No buy-in this month
                             1,355                       Q State Part B QMB buy-in
                               325                       S State Part B SLMB buy-in

H_MCDE05  356  1  $MCDCFMT                              C Medicaid eligibility for May

                                 0                       A State Part A buy-in
                             1,248                       B State Part B buy-in
                                47                       C State Part A and B buy-in
                               118                       D State Part A and B QMB buy-in
                                 0                       E State Part A and B SLMB buy-in
                            12,673                       N No buy-in this month
                             1,355                       Q State Part B QMB buy-in
                               329                       S State Part B SLMB buy-in
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Variable  Col Len Format   Frequency ComQues# FacQues# Variable Type & Label
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H_MCDE06  357  1  $MCDCFMT                             C Medicaid eligibility for Jun

                                  0                    A State Part A buy-in
                              1,250                    B State Part B buy-in
                                 47                    C State Part A and B buy-in
                                118                    D State Part A and B QMB buy-in
                                  0                    E State Part A and B SLMB buy-in
                             12,671                    N No buy-in this month
                              1,350                    Q State Part B QMB buy-in
                                334                    S State Part B SLMB buy-in

H_MCDE07  358  1  $MCDCFMT                             C Medicaid eligibility for Jul

                                  0                    A State Part A buy-in
                              1,243                    B State Part B buy-in
                                 47                    C State Part A and B buy-in
                                119                    D State Part A and B QMB buy-in
                                  0                    E State Part A and B SLMB buy-in
                             12,665                    N No buy-in this month
                              1,355                    Q State Part B QMB buy-in
                                341                    S State Part B SLMB buy-in

H_MCDE08  359  1  $MCDCFMT                             C Medicaid eligibility for Aug

                                  1                    A State Part A buy-in
                              1,254                    B State Part B buy-in
                                 46                    C State Part A and B buy-in
                                119                    D State Part A and B QMB buy-in
                                  0                    E State Part A and B SLMB buy-in
                             12,653                    N No buy-in this month
                              1,352                    Q State Part B QMB buy-in
                                345                    S State Part B SLMB buy-in

H_MCDE09  360  1  $MCDCFMT                             C Medicaid eligibility for Sep

                                  0                    A State Part A buy-in
                              1,258                    B State Part B buy-in
                                 46                    C State Part A and B buy-in
                                119                    D State Part A and B QMB buy-in
                                  0                    E State Part A and B SLMB buy-in
                             12,654                    N No buy-in this month
                              1,349                    Q State Part B QMB buy-in
                                344                    S State Part B SLMB buy-in

H_MCDE10  361  1  $MCDCFMT                             C Medicaid eligibility for Oct

                                  0                    A State Part A buy-in
                              1,252                    B State Part B buy-in
                                 47                    C State Part A and B buy-in
                                119                    D State Part A and B QMB buy-in
                                  0                    E State Part A and B SLMB buy-in
                             12,652                    N No buy-in this month
                              1,350                    Q State Part B QMB buy-in
                                350                    S State Part B SLMB buy-in
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Variable   Col Len Format   Frequency ComQues# FacQues# Variable Type & Label
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H_MCDE11  362  1  $MCDCFMT                                C Medicaid eligibility for Nov

                                   0                      A State Part A buy-in
                               1,253                      B State Part B buy-in
                                  47                      C State Part A and B buy-in
                                 119                      D State Part A and B QMB buy-in
                                   0                      E State Part A and B SLMB buy-in
                              12,642                      N No buy-in this month
                               1,355                      Q State Part B QMB buy-in
                                 354                      S State Part B SLMB buy-in

H_MCDE12  363  1  $MCDCFMT                                C Medicaid eligibility for Dec

                                   0                      A State Part A buy-in
                               1,235                      B State Part B buy-in
                                  47                      C State Part A and B buy-in
                                 119                      D State Part A and B QMB buy-in
                                   0                      E State Part A and B SLMB buy-in
                              12,673                      N No buy-in this month
                               1,346                      Q State Part B QMB buy-in
                                 350                      S State Part B SLMB buy-in

H_MACY01  364  3  $MACYFMT                                C Buy-in agency for Jan

                              12,712                      N Unknown, or no buy-in
                               3,058                        State Agency code

H_MACY02  367  3  $MACYFMT                                C Buy-in agency for Feb

                              12,705                      N Unknown, or no buy-in
                               3,065                        State Agency code

H_MACY03  370  3  $MACYFMT                                C Buy-in agency for Mar

                              12,688                      N Unknown, or no buy-in
                               3,082                        State Agency code

H_MACY04  373  3  $MACYFMT                                C Buy-in agency for Apr

                              12,682                      N Unknown, or no buy-in
                               3,088                        State Agency code

H_MACY05  376  3  $MACYFMT                                C Buy-in agency for May

                              12,673                      N Unknown, or no buy-in
                               3,097                        State Agency code

H_MACY06  379  3  $MACYFMT                                C Buy-in agency for Jun

                              12,671                      N Unknown, or no buy-in
                               3,099                        State Agency code

H_MACY07  382  3  $MACYFMT                                C Buy-in agency for Jul

                              12,665                      N Unknown, or no buy-in
                               3,105                        State Agency code

H_MACY08  385  3  $MACYFMT                                C Buy-in agency for Aug

                              12,653                      N Unknown, or no buy-in
                               3,117                        State Agency code
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Variable  Col Len Format   Frequency ComQues# FacQues# Variable Type & Label
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H_MACY09  388  3  $MACYFMT                             C Buy-in agency for Sep

                            12,654                     N Unknown, or no buy-in
                             3,116                       State Agency code

H_MACY10  391  3  $MACYFMT                             C Buy-in agency for Oct

                            12,652                     N Unknown, or no buy-in
                             3,118                       State Agency code

H_MACY11  394  3  $MACYFMT                             C Buy-in agency for Nov

                            12,642                     N Unknown, or no buy-in
                             3,128                       State Agency code

H_MACY12  397  3  $MACYFMT                             C Buy-in agency for Dec

                            12,673                     N Unknown, or no buy-in
                             3,097                       State Agency code

H_HOSSW   400  1  $UTLFMT                              C One or more hospice bills in CY

                            15,598                     0 No utilization this type
                               172                     1 Some utilization this type

H_INPSW   401  1  $UTLFMT                              C One or more inpatient discharges in CY

                            13,018                     0 No utilization this type
                             2,752                     1 Some utilization this type

H_SNFSW   402  1  $UTLFMT                              C One or more SNF admissions in CY

                            15,123                     0 No utilization this type
                               647                     1 Some utilization this type

H_HHASW   403  1  $UTLFMT                              C 1 = one or more HHA visits in CY

                            14,568                     0 No utilization this type
                             1,202                     1 Some utilization this type

H_OUTSW   404  1  $UTLFMT                              C One or more outpatient visits in CY

                             6,403                     0 No utilization this type
                             9,367                     1 Some utilization this type

H_PBSW    405  1  $UTLFMT                              C One or more Part B claims in CY

                             3,072                     0 No utilization this type
                            12,698                     1 Some utilization this type

H_PTARMB  406  7                                       N Total Part A reimbursement in CY ($)

H_PTBRMB  413  7                                       N Total Part B reimbursement in CY ($)

H_PTAPRM  420  8                                       N Total Pt. A premium SP paid in CY ($.CC)

H_PTBPRM  428  8                                       N Total Pt. B premium SP paid in CY ($.CC)

H_LATDCH  436  8  $DTE8FMT                             C Discharge date of latest inpatient stay

                            13,018                       Missing
                             2,752                       Date as YYYYMMDD
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Variable   Col Len Format   Frequency ComQues# FacQues#  Variable Type & Label
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H_LATDRG   444  3  $DRGFMT                               C DRG code for latest inpatient stay

                            13,018                         Unknown, or no discharge
                             2,752                         DRG

H_DISDES   447  2  $STATUS                               C Discharge dest for latest inpatient stay

                            13,018                         Missing
                             1,635                         01 Discharged to home/self care
                                13                         02 Discharged to other short-term hospital
                               492                         03 Discharged to skilled nursing facility
                                41                         04 Discharged to intermediate care facility
                                 9                         05 Disch to another type of institution
                               433                         06 Discharged to home care of organized HMO
                                20                         07 Left against medical advice/stopped care
                                 0                         08 Disch home under care of IV therapy prov
                                32                         20 Expired (did not recover Christian Sci)
                                 3                         30 Still patient
                                 0                         40 Expired at home (hospice claims only)
                                 0                         41 Expired in hospital, SNF, ICF or hospice
                                 0                         42 Expired in unknown place (hospice only)
                                21                         50 Hospice - home (eff. 96)
                                 2                         51 Hospice - medical facility (eff. 96)
                                19                         61 Disch w/i facility to swing-bed SNF (99)
                                 0                         71 Disch to other facility for O/P svcs(99)
                                 0                         72 Disch to this facility for O/P svcs (99)
                                32                            Other destination

H_INPSTY   449  2                                       N No. of inpatient stays for CY

H_INPDAY   451  3                                       N No. of inpatient covered days for CY

H_INPCHG   454  7                                       N Inpatient charges for CY ($)

H_INPCCH   461  7                                       N Inpatient covered charges for CY ($)

H_INPRMB   468  7                                       N Inpatient reimbursement for CY ($)

H_INPCDY   475  2                                       N Inpatient coinsurance days used in CY

H_INPCAM   477  5                                       N Total inpatient coinsurance amt CY ($)

H_SNFSTY   482  2                                       N Total SNF stays in CY

H_SNFDAY   484  3                                       N Total SNF covered days in CY

H_SNFCHG   487  7                                       N Total SNF charges in CY  ($)

H_SNFCCH   494  7                                       N Total SNF covered charges in CY ($)

H_SNFRMB   501  7                                       N Total SNF reimbursement in CY ($)

H_SNFCDY   508  3                                       N Total SNF coinsurance days in CY

H_SNFCAM   511  7                                       N Total SNF coinsurance amount in CY ($)

H_HHAVST   518  5                                       N Total HHA visits in CY

H_HHACCH   523  7                                       N Total HHA covered charges in CY ($)

H_HHACHO   530  7                                       N Total HHA other covered charges CY ($)
```

Variable Col Len Format   Frequency ComQues# FacQues# Variable Type & Label
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H_HHRMBA 537 7   N Total HHA reimbursement in CY ($), Pt. A

          Notes: Prior to 2000 this was included in H_HHARMB.
                 First available in 2000

H_HHRMBB 544 7   N Total HHA reimbursement in CY ($), Pt. B

          Notes: Prior to 2000 this was included in H_HHARMB.
                 First available in 2000

H_HSDAYS 551 3   N Total covered hospice days in CY

H_HSTCHG 554 7   N Total hospice charges CY ($)

H_HSREIM 561 7   N Total hospice reimbursement in CY ($)

H_OUTBIL 568 3   N Total outpatient bills in CY

H_OUTCHG 571 7   N Total outpatient covered charges CY ($)

H_OUTRMB 578 7   N Total outpatient reimbursement CY ($)

H_PHYCLM 585 4   N Total physician claims in CY

          Notes: Prior to 2000 this was included in H_PMTCLM.
                 First available in 2000

H_PHYLIN 589 4   N Total physician line items in CY

          Notes: Prior to 2000 this was included in H_PMTLIN.
                 First available in 2000

H_PHYSCH 593 7   N Total physician submitted charges ($)

          Notes: Prior to 2000 this was included in H_PMTSCH.
                 First available in 2000

H_PHYACH 600 7   N Total physician allowed charges ($)

          Notes: Prior to 2000 this was included in H_PMTACH.
                 First available in 2000

H_PHYRMB 607 7   N Total physician reimbursement ($)

          Notes: Prior to 2000 this was included in H_PMTRMB.
                 First available in 2000

H_PMTVST 614 3   N Total office visits in CY

H_PMTCHO 617 7   N Total office visit charges in CY ($)

H_DMECLM 624 4   N Total DME supplier claims in CY

          Notes: Prior to 2000 this was included in H_PMTCLM.
                 First available in 2000

H_DMELIN 628 4   N Total DME supplier line items in CY

          Notes: Prior to 2000 this was included in H_PMTLIN.
                 First available in 2000

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Variable  Col Len Format   Frequency ComQues# FacQues# Variable Type & Label
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H_DMESCH  632  7                                       N Total DME supplier submitted charges ($)

             Notes: Prior to 2000 this was included in H_PMTSCH.
                    First available in 2000

H_DMEACH  639  7                                       N Total DME supplier allowed charges ($)

             Notes: Prior to 2000 this was included in H_PMTACH.
                    First available in 2000

H_DMERMB  646  7                                       N Total DME supplier reimbursement ($)

             Notes: Prior to 2000 this was included in H_PMTRMB.
                    First available in 2000
```